Inez Murphy

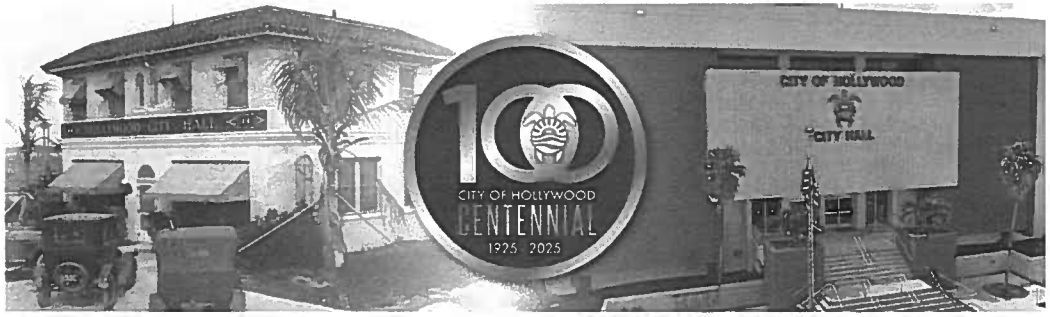
From: Betzaida Cambero
Sent: Wednesday, July 9, 2025 5:49 PM
To: Jennie Dennett
Cc: Stephanie Gardner; Robert Delorimiere; Certificate of Insurance
Subject: Fw: Herc Rental COI
Attachments: COI Herc.pdf

Acceptable.

Betzaida Cambero
Risk Management Analyst
Office of Human Resources | HR Risk Management
P.O. Box 229045
Hollywood, FL 33022

Email: bcambero@HollywoodFL.org
Telephone: 954-921-3639

www.HollywoodFL.org



Notice: Florida has a broad public records law. All correspondence sent to the City of Hollywood via e-mail may be subject to disclosure as a matter of public record.

From: Jennie Dennett <JDENNETT@hollywoodfl.org>
Sent: Wednesday, July 9, 2025 4:50 PM
To: Certificate of Insurance <COI@hollywoodfl.org>
Cc: Stephanie Gardner <SGARDNER@hollywoodfl.org>; Robert Delorimiere <RDELORIMIERE@hollywoodfl.org>; William Varandas <WVARANDAS@hollywoodfl.org>
Subject: Herc Rental COI

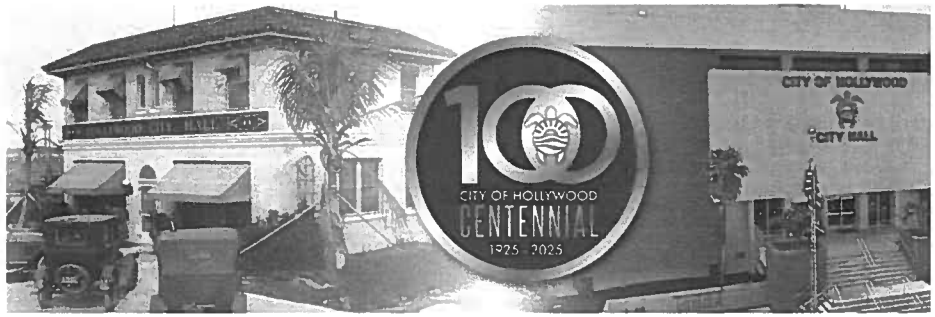
Good afternoon,

Herc Rental, this is of for 200 ton chiller for fire station.
Thanks,
Jennie

Jennie Dennett
Administrative Assistant I
Public Works
P.O. Box 229045
Hollywood, FL 33022

Email: JDENNETT@hollywoodfl.org
Telephone: 754-329-0506

www.HollywoodFL.org



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services South, Inc.
Charlotte NC Office
MSC# 17693
PO Box 551343
Atlanta GA 30355 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	National Union Fire Ins Co of Pittsburgh	19445
INSURER B:	AIU Insurance Company	19399
INSURER C:	Black and Gold Insurance Ltd	1094FI
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
HERC Rentals Inc.
27500 Riverview Center Blvd
Bonita Springs FL 34134 USA

COVERAGES **CERTIFICATE NUMBER:** 570113726380 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [ ] OCCUR [X] GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:	Y		6882290	06/30/2025	06/30/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$3,000,000 $500,000 $5,000 $3,000,000 $11,000,000 $11,000,000
A	AUTOMOBILE LIABILITY	Y		976-75-01 AOS	06/30/2025	06/30/2026	COMBINED SINGLE LIMIT (Ea accident)	$5,000,000
B	X ANY AUTO OWNED AUTOS ONLY [ ] HIRED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] NON-OWNED AUTOS ONLY [ ]			976-75-02 MA	06/30/2025	06/30/2026	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
C	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION			BGIL2025	06/30/2025	06/30/2026	EACH OCCURRENCE AGGREGATE	$5,000,000 $5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	014111676 AOS	06/30/2025	06/30/2026	X PER STATUTE [ ] OTH-ER	
B				014111677 WI	06/30/2025	06/30/2026	E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Hollywood is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. A Waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the Workers' Compensation policy.

CERTIFICATE HOLDER

City of Hollywood
1600 S. Park Rd.
Hollywood FL 33021 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services South Inc

Holder Identifier :

Certificate No : 570113726380

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AGENCY CUSTOMER ID: 570000070531
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services South, Inc.	HERC Rentals Inc.
POLICY NUMBER: See Certificate Number: 570113726380	
CARRIER: See Certificate Number: 570113726380 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
A		N/A		003332326 EX Workers Comp (NC, OK) SIR applies per policy terms & conditions	06/30/2025	06/30/2026		

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AGENCY CUSTOMER ID: 570000070531
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services South, Inc.	HERC Rentals Inc.
POLICY NUMBER See Certificate Number: 570113726380	
CARRIER See Certificate Number: 570113726380 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Information-Umbrella Liab.

As respects policy number BGIL2025 Aon Commercial Risk (U.S.) is generating and distributing this certificate in an administrative capacity. Coverage is Independently Procured by the Insured. Aon Insurance Managers (Bermuda) Ltd. is the Insurance Manager and/or authorized representative.

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